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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/535,039	05/03/2006	Gyorgy Levay	23299	2041
535 7590 06/23/2008 K.F. ROSS P.C.			EXAMINER	
5683 RIVERDALE AVENUE SUITE 203 BOX 900 BRONX, NY 10471-0900			JAVANMARD, SAHAR	
			ART UNIT	PAPER NUMBER
,			1617	
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			06/23/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Application No. Applicant(s) 10/535.039 LEVAY ET AL. Interview Summary Examiner Art Unit SAHAR JAVANMARD 1617 All participants (applicant, applicant's representative, PTO personnel): (1) SAHAR JAVANMARD. (2) ANDREW WILFORD. (4)____. Date of Interview: 17 June 2008. Type: a) ☐ Telephonic b) ☐ Video Conference c) Personal (copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e)XI No. If Yes, brief description: _____. Claim(s) discussed: . . Identification of prior art discussed: Agreement with respect to the claims f) was reached. g) was not reached. h) N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: CONFIRMING ABANDONMENT OF APPLICATION.. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

/S. J./ Examiner, Art Unit 1617

Examiner Note: You must sign this form unless it is an

Examiner's signature, if required

Attachment to a signed Office action.

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